

Pennington County Drug Court

Pennington County Courthouse: 315 St Joseph Street PO Box 230: Rapid City, SD 57709

Phone: 605.394.2595 Fax: 605.394.3373

APPLICATION INSTRUCTIONS

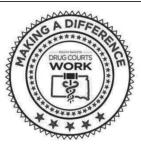
Once a formal written Drug Court offer has been extended by the Drug Court Prosecutor:

- 1. The applicant reads through the Participant Handbook with their defense attorney.
- The applicant completes and submits the following "<u>Application to Pennington County Drug Court</u>
 <u>Program</u>" to the Pennington County Drug Court, in the Court Services Office of the Pennington
 County Courthouse.
- 3. The applicant enters a guilty plea and the applicant's defense attorney signs the applicant up for a Presentence Investigation (PSI).
- 4. The applicant and their defense attorney meet with the Drug Court Defense Attorney to complete the "Pennington County Drug Court Treatment Program Basic Understanding, Waivers and Agreements" and the "Consent for Release of Confidential Information."
- 5. The applicant completes an updated Treatment Needs Assessment at ROADS Out-Patient Treatment Program, Inc. and provides a copy of the assessment to the Pennington County Drug Court
- 6. The applicant meets with a Court Services Officer to complete a Presentence Investigation (PSI) and a Level of Service Inventory-Revised (LSI-R) risk/needs assessment.
- 7. The applicant meets with the Drug Court CSOs for a Drug Court interview.
- 8. The Drug Court team discusses the applicant's information and the Drug Court Judge decides whether to accept or deny the pending application.
- 9. If accepted into the Drug Court program, the applicant is sentenced to probation with Drug Court. The same sentencing judge is utilized in all cases.

If sentenced to probation with Drug Court, the following forms must be completed:

- □ **Drug/Alcohol Testing Contract**
- □ Consent for Disclosure of South Dakota Prescription Drug Monitoring Program Information
- **□** Publicity Consent
- □ Participant Manual Receipt and Acknowledgement
- 10. If not accepted into the Drug Court program, the applicant is returned to the traditional legal process and sentencing.

*Your attorney will receive written notification of acceptance or denial into the program.



Unified Judicial System

Application to the Pennington County Drug Court program

Seventh Judicial Circuit

Date of Application	Disability accommodations needed? Yes No If yes, please state request:							Interpreter needed? Yes No If yes, state language:		
Name					Alias					
Race		Sex		,		I	Date of B	irth		
Current Address (Stre				Phone Number:			Alternate Phone Number			
City		State	State Zip				States Liv	red in:		
How Long at this Add										
Armed Forces Veteran? Yes N			Branch:	nch:			Discharge:			
Children? Yes No Pay Child Support?				Yes	□ No	Number of Dependents:				
Reliable Transportation? Yes No Valid Driver's License? Yes No Driver's License Number:					Valid Photo ID? Yes No Photo ID Number:					
Significant Other	+ N4:ddla (ingludo Aliga	25)	DOB		Crim	sinal Cau	rt Invalvament If so what?		
NAME- Last, First, Middle (include Aliases)				ров		Criminal Court Involvement-If so what?				
Members of Househ	old		I					,		
NAME- Last, First, Middle (include Aliases)				DOB	Criminal Court Involvement-If so what?			rt Involvement-If so what?		

Next of Kin	Relation	ıship	Telephone Number				
Current Employer	Monthly	/ Income	Receive Disability? Yes No Monthly Income:				
Are You an Addict? Yes No Prima	ry Drug of Cho	oice					
Primary Care Provider/Physician							
Mental Health Diagnosis? Yes No)	Take Psych	Take Psychotropic Medications? Yes No				
List all Mental Health Diagnoses		List all Medications					
Drug & Alcohol Evaluation Completed?	Yes No	LSI-R Com	pleted? Yes	☐ No			
Agency Completing Date		Score		Date			
Highest Grade Completed		Diploma?	Yes No	GED? Yes No			
Skill or Trade			Certification or Degree? Yes No				
Gang Membership? Yes No Gang Affiliation:	ang Nickname	:					
On Probation Currently? Yes No Probation Office	er						
Current Charges		Offense D	Offense Date				
Do you have any matters pending in any oth Yes No If yes, name of court	ner court?	Charges					
Have you ever been sentenced to DUI/Drug If yes, name of court	Yes No)	Date:				
Have you ever been sentenced to the Penite	es 🗌 No		Date:				
Defense Attorney Name			Telephone Number				
"The defendant consents to the disclosur Assessment and a Treatment Needs Asses information useful for acceptance into the	ssment, prior	to entry of a p					
Defense Attorney Signature	Date	Applicant Signature Date					